



## **DECLARATION**

As a below named inventor, I	hereby declare that:			
Ny residence, post office add	lress, and citizenship are a	s stated below next to my	y name.	
I believe I am an original, fing the specific of the specific	tled "METHOD OF INT	he subject matter which ERFACING ANCILLAR	is claimed an Y EQUIPME	d for which a NT TO FIMS
is attached hereto.  was filed on August 17, 2 and was amended on	2001 as Application Seria	l No. <u>09/932,580</u> Fapplicable).		,
I hereby state that I have r including the claims, as amended by a			ove-identified	specification,
I acknowledge the duty to di material to patentability of the subject 1.56.				
I hereby claim foreign price application(s) for patent or inventor's clisted below designating least one conforeign application for patent or inventor that of the application on which	certificate listed below, or antry other than the Unite ntor's certificate, or of an	under § 365(a) of any Ped States of America, and	CT internation I have identifi	al application ed below any
Prior Foreign Application No.	Country	Filing Date (mm/dd/yy)	Priority Claimed	Cert. copy Attached
N/A				
I hereby claim the benefit ur below.	nder 35 U.S.C. § 119(e)	of any United States prov	visional applic	ation(s) listed
Provisional Application No.	<u>Filing Date</u> (mm/dd/yy)			
60/226,336	08/18/2000			
I hereby claim the benefit um § 365(c) of any PCT international app the subject matter of each of the clainternational application in the manner disclose all information known to mapplication, as "materiality" is define prior application and the national or Popular Application No.	dication listed below designation of this application reprovided by the first partie to be material to the d in 37 C.F.R. § 1.56, where the state of the distribution of the state of the s	gnating the United States is not disclosed in the pagraph of 35 U.S.C. § 112 patentability of the sublich became available be	of America, a prior United S 2, I acknowled ject matter cl tween the filin	and, insofar as states or PCT lge the duty to aimed in this ng date of the
N/A				





## . Please direct all communications to:

Ann Marie Mewherter Conley, Rose & Tayon, P.C. P.O. Box 398 Austin, Texas 78767-0398 Phone: (512) 476-1400

I hereby declare that all statements made herein of my own knowledge are true and that all statements made herein on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Inventor's Full Name:	<u> </u>	Scott Ashkenadz	<b>4</b>	
Inventor's Signature:	h h		Date: 18-Ma	r-02
City and State (or Foreign Country)	of Residence:	Palo Alto, CA	Citizenship:	USA
Post Office and Residence Address:	2135 Columbia St., Palo Alto, CA 94306			
(Include number, street name, city, state and zip code)				

As an above named inventor, I have signed this declaration on my own behalf. Under 37 C.F.R. § 1.47(a), I also sign this declaration on behalf of the non-signing joint inventor, C. Thomas Larson, who refuses to sign.

Last known address of non-signing joint inventor, C. Thomas Larson: 1096 Jessica Dr., Livermore, CA 94550, his country of citizenship is U.S.A.

Accompanying this declaration are: (1) Statement of Facts in Support of Filing on Behalf of Non-Signing Inventor; and (2) Petition 37 C.F.R. §§ 1.47(a) and 1.17(i) with required fee.

By:

Scott Ashkenast (signing on behalf of C/Thomas Larson)

1 × 5 × 3	U.S. DEPARTMENT OF COMMERC				
FORM PTO-1599 O RECORDATION FOR PATENT	Patent and Trademark Office ORM COVER SHEET OR ONLY Atty. Dkt. No. 5589-04400				
Mun Burnard the established					
To the Honorable Commissioner of Parkins and Trademarks. Please record the attached of	righta documents of opposite the control of the con				
1. Name of conveying partyties):	Name and address of receiving party(ies):				
Scott Ashkenaz	Name: KLA-Tencor Technologies Corporation				
	Internal Address:				
Additional name(s) of conveying party(ies) attached?   Yes No					
	Street Address: 160 Rio Robles				
	City: San Jose State: CA ZIP 95134				
·	Additional name(s) & address(es) attached? Tyes 🛛 No				
3. Nature of Conveyance:					
Security Agreement Change of Name					
Other	**************************************				
Execution Date: March 16, 2002					
4. Application number(s) or patent number(s):					
If this document is being filed together with a new application, the execution dat	e of this application is:				
B. Pal	ent No.(s)				
A. Patent Application 100(8) 514 657 752,666 The deep Additional numb	ers attached? Yes No				
5. Name and address of party to whom correspondence	6. Total number of applications and patents involved: one (1)				
concerning document should be mailed:					
Name: Ann Marie Mewherter					
Internal Address: Conley, Rose & Tayon, P.C.					
Street Address: P.O. Box 398	The second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a section in the second section in the section is a section in the section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section in the section is a section in the section in t				
City Austin State TX ZIP 78767-0398					
City Austin State TX ZIP 78767-0398	7. Total fee (37 CFR 3.41):				
	☐ Enclosed  ☑ Authorized to be charged to deposit account				
	8. Deposit account number: 50-1505/5589-04400				
<u> </u>					
DO NOT USE THIS SPACE					

9. Statement and Signature.

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.

Ann Marie Mewherter

Name of Person Signing
Reg. No. 50,484

Signature

March 19, 2002 Date

Total number of pages comprising cover sheet

OMB No. 0651-011 (exp.4/94)